

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

# INDEX OF CLAIMS **BEST AVAILABLE COPY**

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                        I ..... Interference  
- (Through numeral) ... Canceled    A ..... Appeal  
+ ..... Restricted                      O ..... Objected

| Claim                             | Date |
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| Final<br>Original<br>1 - 10/24/23 |      |
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| Claim             | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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